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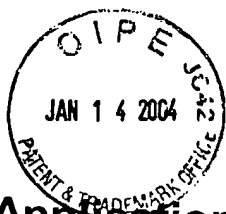
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Application Data Sheet

Application Information

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OFFICE

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	NO-NEEDLE BLOOD ACCESS DEVICE FOR HEMODIALYSIS
Attorney Docket Number::	SUGIY0004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	No Yes
Latin Name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN
Status:: Full Capacity

Given Name:: Akio
Middle Name::
Family Name:: KAWAMURA
Name Suffix::

City of Residence:: Sapporo-shi

State or Province of Residence::

Country of Residence:: JAPAN

Street of mailing address:: 2-75, Tsukisamu-Nishi 2-jo, 10-chome,
Toyahira-ku

City of mailing address:: Sapporo-shi

State or Province of mailing address::

Country of mailing address:: JAPAN

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700

Fax Number:: (703) 979-7429

PATENT MAIL FRANCE
DATE

20TH JAN 16 PM 3:00

US PATENT & TRADEMARK
OFFICE

E-Mail address::

g&s@szipl.com

PATENT MAINTENANCE
DUE 01

2001 JAN 16 PM 3:22

US PATENT & TRADEMARK
OFFICE

Representative Information

Representative Customer	24203	
Number::		

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
JP	2002-354517	12/6/02	Yes

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::